

**Utah Insurance Department
3110 State Office Building, Salt Lake City, UT 84414
Health Discount Program
801-538-3172**

Operator License Application

☐ **Initial \$300** ☐ **Renewal \$450**

If this is a renewal application, do not send the documents requested below, unless they have not already been submitted.

Legal Name of Organization _____ EIN _____

Alias: _____

Business Address: (Physical Location, no PO Boxes)

Street _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone _____ Email _____

Name of Incorporators (Owners) List all those owning 5% or more of the entity

Print Name _____ Signature _____

Print Name _____ Signature _____

(Attach additional page if needed)

Please submit the following with application:

- Copies of Articles of Incorporation and Bylaws
- Biographical information of those listed above (must use form NAIC Biographical Affidavit http://www.naic.org/documents/industry_ucaa_form11.pdf)
- Names, addresses, faxes, emails, websites and phone numbers of principals, operators, marketers, and legal representative.
- Copy of contract between the discount program and providers and/or provider networks
- Copy of the contract between the discount program and program marketers
- All marketing materials approved by the Health Discount Program operator
- Administrative procedures of the Health Discount Plan, including administrative costs, enrollments process, etc.
- Enrollment forms
- Dispute resolution process for program holders

I certify that the information in this application is accurate.

Signature of Authorized Representative

Date